

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 2016
CITY OF IRIGA

- New
 Renewal
 Additional

 Transfer
 Ownership
 Location

- Amendment
 from Single to Partnership
 from Single to Corporation
 from Partnership to Single
 from Partnership to Corporation
 from Corporation to Single
 from Corporation to Partnership

- Mode of Payment:
 Annually
 Bi-Annually
 Quarterly

Date of Application: DTI/SEC/CDA Registration No.:

Reference No.: DTI/SEC/CDA Date of Registration:

Type of Organization Single Partnership
 Corporation Cooperative
CTC No. TIN:

Are you enjoying your tax incentive from any Government Entity? Yes No Please specify the entity

Name of Taxpayer:

Last Name: First Name: Middle Name:

Business Name:

Trade Name/Franchise: No. of Delivery Truck/Van:

Name of President/Treasurer of Corporation:

Last Name: First Name: Middle Name:

Business Address Owner's Address

House No./Bldg. No. House No./Bldg. No.

Building Name: Building Name:

Unit No.: Unit No.:

Street: Street:

Barangay: Barangay:

Subdivision: Subdivision:

City/Municipality: City/Municipality:

Province: Province:

Telephone No.: Telephone No.:

Email Address: Email Address:

Property Index Number (PIN)

Business Area (in Sq. m) Total no. of Employees in Establishment # of Employees Residing in LGU:
Male _____ Female _____

If Place of Business is Rented, please identify the following: Lessor Name Monthly Rental:

Last Name: First Name: Middle Name:

Lessor's Address:

House No./Bldg. No. Subdivision:

Street: City/Municipality:

Barangay: Province:

Telephone No.: Email Address:

In case of Emergency: Contact Person/Tel No./Mobile Phone No./Email Address:

Business Activity		No of Units	Capitalization (for new business)	Gross Sales/Receipts(for Renewal)	
Code	Line of Business			Essentials	Non-Essentials

Oath Undertaking:

I Undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of Business Permit.

SIGNATURE OF APPLICATION OVER PRINTED NAME

WAYNE SALVADOR S. OLASO
OIC-ICIPBAC